



MONTANA STATE PRISON HEALTH SERVICES OPERATIONAL PROCEDURE

Procedure No.: MSP HS E-06.5	Subject: Dental Prosthetic Services
Reference: NCCHC Standard P-E-06; NCCHC Standards Appendix G; DOC Policy 4.5.26: Offender Dental Services	Page 1 of 4 and 1 Attachment
Effective Date: November 1, 2010	Revised: June 01, 2017
Signature / Title: /s/ Daniel W Hash / Director, Dental Services	
Signature / Title: /s/ Cindy Hiner / Health Services Manager	

I. Purpose:

To make available dental prosthetic devices, for inmates with extended time of sentence, when deemed necessary for the proper consumption of food or physical wellbeing of the inmate.

II. Definitions:

Dental Prosthetic – a removable appliance designed to replace teeth or serve to be worn in the mouth to protect the teeth and temporal-mandibular joint.

III. Procedures:

To provide guidelines for determining the inmate's eligibility, as well as the process for inmates to receive dental prosthetic devices. With the availability of nutritionally adequate soft diets, the lack of a dental prosthesis rarely causes deterioration of the inmate's general health and therefore in most cases is not a medically necessary or required dental service.

A. Access

Inmates may request an evaluation to receive a complete denture, partial denture, repair or adjustment to an existing dental prosthetic device or occlusal (night guard) splint through:

1. Comprehensive Oral Examination or Periodic Oral Examination appointments.
2. Request for Medical Services – Dental (kite). The inmate can request to be evaluated concerning need for new dental prosthetic devices or relines, repair or adjustment to existing dental prosthetic devices.

B. Treatment – New Dental Prosthetic Devices

1. Inmate will be evaluated for need and eligibility to receive a new dental prosthetic device. If eligible, the inmate will be placed on the appropriate dental treatment list.
2. The request will be prioritized depending on the number of functional teeth the inmate has per dental arch and medical necessity.
3. The inmate's dental prosthetic devices will be started when they are in the top range of the treatment list.
4. Inmates transferred to regional correctional will continue to be tracked on the treatment list. Once the inmate comes to the top of the treatment list arrangements should be made to have the dental prosthetic device constructed and delivered.
5. Once the dental Prosthetic devices has been delivered, access to follow-up care must be provided.

C. Complete and partial dentures

1. Qualifications for complete dentures and partial dentures and relines.
 - a. Inmates who have teeth extracted at a MT DOC secure facility. The new denture or partial should not be started for at least 6 months after extractions and after a total of 18 months after arriving at a MT DOC secure facility.

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- b. Inmates who did not have extractions while currently at a MT DOC secure facility and presented without complete or partial dentures. The new denture or partial should not be started prior to a minimum of 18 months after arriving at a MT DOC secure facility.
 - c. Inmates with ill-fitting dentures or partials. If relining the dentures or partials will rectify the deficiencies the inmate should be placed on the appropriate dental prosthetic list. Relines should not be started prior to a minimum of 18 months after arriving at MSP or another MT DOC secure facility unless, approved by the Dental Services Review process. If dentures and or partials need replacement the patient will be prioritized as if they did not have a denture or partial.
 - d. Additional qualifications for partial dentures.
 1. If the Inmate has 9 or less functional teeth on a given dental arch, the Inmate is classified as a Denture Priority A
 2. If the Inmate has 10 or more functional teeth then the Inmate is classified as a Priority B. Currently MT DOC is not authorizing partials classified as Priority B without written approval from the Dental Services Review process.
 3. Partial dentures are not authorized where mastication would not be significantly improved (such as molars where no opposing teeth exist) or partials or replacement dentures for mainly esthetic considerations, as well as minor repairs such as adding a missing posterior tooth in a denture.
2. Inmates with teeth scheduled to be removed prior to placement of a complete or partial denture, can have their name placed on the appropriate dental prosthetic list during the treatment planning session. However, the start of construction of the denture should not occur until after a minimum healing period.
3. The wait time for complete dentures, partial dentures and relines may be significantly longer than the minimum wait time listed above.
4. Partial denture patients should have a pre-prosthetic evaluation prior to commencing construction of the partial denture. This evaluation should include:
 - a. Evaluation of current radiographs.
 - b. Evaluation of planned restorative treatment.
 - c. A periodontal evaluation.
 - d. Overall evaluation of existing teeth to ensure the best long term prognosis of the teeth and partial denture are considered.

The Pre-prosthetic Evaluation section located at the bottom of page 3 of the Treatment Plan (goldenrod) dental chart insert should be dated and signed by the evaluating dentist.
5. Minor surgery such as minor ridge bone re-contouring or small root removal may allow for a shortened healing period.
6. Construction of a complete denture may precede that of the Inmate's partial denture to accommodate completion of restorative or periodontal treatment or if the Inmate marginally meets the requirements for a partial denture.
7. The inmate must be able to demonstrate an ability and desire to maintain their personal oral health. If a minimum oral hygiene standard is not met, the Inmate should be referred for periodontal care and oral hygiene re-evaluation. Once the Inmate has demonstrated an acceptable level of personal oral hygiene the partial denture construction should continue.

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D. Repairs, adjustments and relines

1. The request for a repair, adjustment or reline to an existing denture should be evaluated for urgency and medical necessity. If causing significant discomfort or resulting in an inability to utilize the dental prosthesis the request may be placed on a priority list or taken care of immediately.
2. Normally request for relines will be placed on the same treatment list for new dentures.
3. A temporary reline may be placed, at the discretion of the dentist, to aid in improving function or act as a tissue conditioner until the permanent reline or new denture can be made.
4. Adjustments to new complete or partial dentures should be made in a timely manner. If necessary an improperly fitting new denture can be re-made or relined.
5. Repair or adjustment appointments, if causing significant discomfort or resulting in an inability to utilize the dental prosthesis should be done as soon as time is available.

E. Lost dentures

If a denture is lost the Inmate may be placed on the appropriate treatment list. Only if it can be substantiated that the correctional facility is responsible for the lost dental prosthetic device will a prioritization of the replacement be made. If an inmate has lost multiple dental prosthetic devices, additional delays in constructing the replacement may be warranted not to exceed 5 years.

F. Prosthetic devices in an outside location

If an inmate has a dental prosthetic device outside of the correctional facility, it may be mailed to the Director, Dental Services utilizing signed receipt documentation to enable the dental prosthetic device to be delivered to the inmate.

G. Occlusal splints / night guards

1. Inmates may be provided occlusal splints (night guards) if medically necessary to minimize signs and symptoms of significant TMJ disorders.
2. All necessary restorative treatment of the dental arch in which the occlusal splint is to be placed should be completed prior to placement of the device.
3. In cases of severe TMJ disorders the construction of the occlusal splint can be prioritized.

H. Rehabilitation considerations prior to an inmate's release.

As part of the Montana Department of Correction's vision to provide inmates an opportunity for rehabilitation, the Dental Services department may provide dental prosthetic devices prior to release. This effort could improve the inmate's ability to secure employment and function within society.

1. Qualifications.

- a. Complete and partial dentures. The inmate is required to have been in the secure facility for a minimum of 18 months beyond arriving at a MT DOC secure facility and 6 months after extraction of required teeth for a temporary.
- b. Temporary acrylic partials. Replacement of anterior maxillary teeth, and select cases with mandibular teeth, extracted while at a MT DOC secure facility. A temporary acrylic partial may be constructed to replace the extracted anterior teeth with a minimum healing period, in most cases, of six months.

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2. The inmate must kite the Dental Department as soon as they have documented confirmation of impending release, parole, or transfer to a Community Corrections facility.
3. An effort will be made, as time allows, to provide the inmate the treatment planned complete dentures, partial dentures, or acrylic temporary partials, prior to release.
4. The emphasis for these cases is providing esthetics as well as function. An increase in the inmate's confidence and ability to smile may be a contributing factor in the inmate's ability to function in society, secure meaningful employment and may even reduce recidivism rates for these inmates.
5. If necessary, with the inmate's cooperation a Dental Hold may need to be placed on the inmate to ensure the dental prosthetic devices are delivered prior to their release.
6. Montana Department of Corrections will not be held responsible if it is not possible to deliver the dental prosthetic devise prior to the inmate's release.

I. Denture Laboratory

The MSP Dental Department has a processing and finishing laboratory for complete dentures, partial dentures and occlusal splints. Staff time should be allocated to ensure timely construction and repairs of the prosthetic devises. In selected cases the prosthetic devises may be sent to an outside dental prosthetic laboratory.

IV. Closing

Questions concerning this operational procedure will be directed to the Health Services Manager.

V. Attachments:

None.